

health was lowered the abscess appeared, which was the precursor of the present disease.

There are one or two interesting points in the Pathology of Lupus, which I shall now refer to:—

1. *The relationship which Lupus Vulgaris bears to Lupus Erythematosus.*—According to the English authorities, the latter is but a mild variety of the former, whereas the German Pathologists look upon them as entirely distinct diseases. They consider Lupus Vulgaris as a neoplasm, and Lupus Erythematosus as the result of simple inflammatory action. If Lupus Vulgaris is really a neoplasm, there is no doubt but that this distinction would hold good. If, however, we look upon Lupus Vulgaris as an inflammation, in the same way as the growth of tubercle is an inflammatory process, then I do not see how any dividing line could be drawn between the two conditions. They would in that case be considered as the same diseased process, but differing in severity, and the depth to which the process extends. It is a well-known fact that clinically the two conditions approach one another so nearly that it is impossible to say to which class a particular case belongs.

2. *The relation of Lupus to Syphilis.*—This question is of special importance in Jane McG. In the family history there is abundant evidence of syphilis, yet the disease presented is not a syphilitic, but a pure case of Lupus Vulgaris. This is proved by the course the disease has taken and by the utter uselessness of all anti-syphilitic remedies.

There is no doubt that generally speaking both clinically and pathologically, the dividing line between syphilis and lupus is distinct, but to what extent the former may be the cause of the latter has not yet been determined.

A Municipal Laboratory of Hygiene has been established at Lisbon.

MITRAL REGURGITATION.

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To Prof. A. Flint, I think, is due the credit of showing how a presystolic mitral murmur may occur, while the valves are sufficient to retain water after death; and that this murmur is dependent upon aortic regurgitation. At the same time, he admits that he cannot offer any clear explanation for a systolic murmur, the mitral valves remaining sufficient for the water test. He suggests, however, that this murmur may be due to the fact, that, though the water does not force the valves, the contraction of the heart might cause a sufficient backward flow to produce a murmur, as only a slight amount of regurgitation is needed for this.

Sometime ago, I offered some remarks on heart disease, when it was stated that regurgitation may take place as the result of swelling in and around the valves. I have now to show that regurgitation may take place, while the mitral valves are healthy, in two other ways.

There are hearts with unusually long *columnæ carneæ*. These structures are muscular; and, when the heart is in action, they contract. They thus act on the valves through the chordæ tendineæ. Now, if too much of the distance between the surface of the heart and the valves be made up by the columnæ, then the valves are not only not prevented from being everted towards the auricle, but actually prevented from closing the opening. The reason for this statement lies in the fact that if these fleshy columns are long, the chordæ will be short; and the columns contracting to a greater amount than when of normal elevation, the valves are drawn back, and an opening left for regurgitation to take place through. This heart, however, shows no signs of valvular deficiency under the water test, as this applies to the dead heart, when the columnæ are inactive, a condition in